

UNITED STATES OF AMERICA

v.

KHALID SHEIKH MOHAMMED, WALID
MUHAMMAD SALIH MUBARAK BIN
'ATTASH, RAMZI BIN AL SHIBH, ALI
ABDUL AZIZ ALI, MUSTAFA AHMED
ADAM AL HAWSAWI

**Defense Motion
For Appropriate Relief:**

Seeking the Appointment of
Defense Expert Consultant
Dr. Ruben C. Gur, M.A., Ph.D.,

25 June 2009

1. **Timeliness:** This Motion is timely filed pursuant to the Commissions Ruling P-010, dated 11 June 2009.
2. **Relief Sought:** Detailed defense counsel for Mr. Ramzi bin al Shibh respectfully request the Commission to order the appointment and funding for Dr. Ruben C. Gur, M.A., Ph.D., to serve as a defense expert consultant in the field of neuroimaging in psychiatry.¹
3. **Overview:** Among the medical evidence the government provided the defense, there are [REDACTED]
[REDACTED]. To assist in its preparation for the R.M.C. 909 competency hearing in this capital case, the defense requested the convening authority approve the appointment of Dr. Gur to act as a defense expert consultant in the field of neuroimaging in psychiatry. In light of the nature of the medical and psychiatric evidence to be addressed at the hearing that are well beyond the scope of defense counsel's expertise, Dr. Gur's training and experience are necessary to assist the defense as it prepares for the R.M.C. 909 competency hearing. The failure to appoint

¹ This motion is filed pursuant to the Military Judge's ruling of 11 June 2009, ordering that a hearing take place in this case. The rules applicable to this proceeding are uncertain in light of pending changes to the Regulations for Trial by Military Commissions, and to the Military Commissions Act itself. In filing this motion, the defense reserves the right to supplement this motion with further arguments that may be available following any changes to said statute or regulations.

Dr. Gur will result in a patently unfair proceeding as counsel will be unable to analyze the medical evidence and thus, unable adequately to represent Mr. bin al Shibh.

4. **Burden and Standard of Proof:** As the moving party, the defense bears the burden of establishing that it is entitled to the requested relief. *See* R.M.C. 905(c)(2)(A). “[T]he accused has the burden of establishing that a reasonable probability exists that (1) an expert would be of assistance to the defense and (2) that denial of expert assistance would result in a fundamentally unfair trial.” *United States v. Freeman*, 65 M.J. 451, 458 (C.A.A.F. 2008); *citing United States v. Gunkle*, 55 M.J. 26, 31-32 (C.A.A.F. 2001). “[T]he burden of proof on any factual issue the resolution of which is necessary to decide a motion shall be by a preponderance of the evidence.” R.M.C. 905(c)(2).

5. **Facts:**

a. According to the discovery the defense has been able to review, Mr. bin al Shibh was

[REDACTED]

b. This discovery also indicates that certain medical tests were performed on Mr. bin al Shibh. These tests include, but are not limited to,

[REDACTED]

JTF-GTMO physicians apparently conducted and reviewed these tests, and the government has had the benefit of their analyses. The defense has not.²

c. On 9 January 2009, the defense submitted a Memorandum for the Convening Authority requesting the appointment of Dr. Ruben C. Gur, M.A., Ph.D., to the defense team. [Attachment A]. In addition to detailing Dr. Gur’s qualifications, necessity of appointment, and estimated funding requirements, the defense also enclosed a copy of his *curriculum vitae*. [Attachment B]. The Convening Authority denied the defense request on 13 January 2009. [Attachment C]

² The defense notes that it has not even been provided in discovery the JTF [REDACTED] that would ordinarily go along with the [REDACTED].

6. **Law and Argument:**

I. **THE COMMISSION SHOULD APPLY U.S. MILITARY COURTS-MARTIAL LAW AND FIND THE DEFENSE HAS MADE AN ADEQUATE SHOWING OF NECESSITY FOR EXPERT ASSISTANCE UNDER THE COURT-MARTIAL STANDARD**

a. “Defense counsel in a military commission under this chapter shall have a reasonable opportunity to obtain witnesses and other evidence as provided in regulations prescribed by the Secretary of Defense.” 10 U.S.C. § 949j(a). On 9 January 2009, the defense sought approval from the convening authority to appoint and fund Dr. Ruben C. Gur, M.A., Ph.D., to serve as a defense expert consultant in the field of neuroimaging in psychiatry. The defense sought the appointment of Dr. Gur so that it could have the opportunity to analyze medical evidence relevant to the issue of whether Mr. bin al Shibh is competent to stand trial, to make a knowing and voluntary waiver of his right to counsel, and/or to determine whether he suffers from a diminished capacity. *See* R.M.C. 506(c); R.M.C. 909(a); *Faretta v. California*, 422 U.S. 806 (1975); *Dusky v. United States*, 362 U.S. 402 (1960)(per curiam).

b. The convening authority denied the defense request on 13 January 2009. This denial was based on the convening authority’s determination that the defense did not demonstrate necessity for the appointment of an expert. *See Attachment C.*³ “A request denied by the

³ The defense respectfully requests the Commission give no weight to the determination and findings of the convening authority. This is especially important because it cannot be ignored that the convening authority is the former Chief Judge of the U.S. Court of Appeals for the Armed Forces and thus it is foreseeable that a military judge may give more weight to her findings and conclusions than typically afforded to a convening authority. Further, the defense also must note that the convening authority has in the past offered emphatic dissents and demonstrated open hostility to majority opinions requiring appointment of experts for the defense. *See United States v. Warner*, 62 M.J. 114, 123 (C.A.A.F. 2005)(Crawford, J., dissenting) (“I must respectfully, but emphatically dissent.”), at 128 (“The result is a retrospective rule that will alter the landscape of every court-martial now on appeal or yet to be tried, that involves either a Government expert consultant or expert witness.”), at 130 (“Setting aside for the moment the majority’s reinventing of Article 46 and R.C.M. 703...”), at 132 (“[t]he

convening authority may be renewed before the military judge, who shall determine whether the testimony of the expert is relevant and necessary.” R.M.C. 703(d). Of note is that the rule relied upon by the convening authority, on its face, applies primarily to employment of expert *witnesses*, rather than *consultants*.

c. There is no corollary procedure applied in U.S. Federal District Courts to provide for the employment of defense expert consultants because the very notion of a “convening authority” is unique to the military justice system, both in courts-martial and commissions. To implement the M.C.A., the Commission should look towards the judicial construction and application of the procedural rules for military courts-martial, as prescribed by the Uniform Code of Military Justice (U.C.M.J.). *See* M.C.A., Part I (Preamble), ¶ 1(e); *quoting* 10 U.S.C. § 949a(a) (“Such rules ‘shall, so far as the Secretary considers practicable or consistent with military or intelligence activities, apply the principles of law and the rules of evidence’ for trials by general courts-martial, so long as the rules and procedures are not contrary or inconsistent with the M.C.A.); *but see* M.C.A., Part I (Preamble), ¶ 1(b)(“While the M.C.A. is consistent with the U.C.M.J. in many respects, neither the U.C.M.J. itself nor ‘[t]he judicial construction and application of that chapter’ is binding on trials by military commissions.” (10 U.S.C. § 949b(c)).

majority’s gymnastic pronouncements...”), at 133 (“In *United States v. McAllister*, 55 M.J. 270, 281-82 (C.A.A.F. 2001)(Crawford, C.J., dissenting), I dissented from the Court’s relegation to a mere formality of the defense burden to establish necessity for a particular expertise.”), at 134 (“Our Constitution contains its own wise restraint on ‘cumulative and problematic’ effects – separation of powers doctrine. Will the military society respect a judicial system that ignores that doctrine as well as prevailing legal standards and decisions? And will the American public have confidence that the intent of Congress in promulgating the UCMJ is being respected? I fear not.”); *United States v. Kreutzer*, 61 M.J. 293, 306 (C.A.A.F. 2005) (Crawford, J., dissenting) (“I respectfully dissent from the majority’s expansion of *Ake v. Oklahoma*, 470 U.S. 68, 105 S.Ct. 1087 (1985), by finding in the U.S. Constitution a right of an accused to a death penalty mitigation specialist on the defense team, without the accused first demonstrating the need for such an expert.”).

d. In military courts-martial, “service members are entitled to investigative or other expert assistance when necessary for an adequate defense.” *United States v. Freeman*, 65 M.J. 451, 458 (C.A.A.F. 2008); *quoting United States v. Garries*, 22 M.J. 288, 290 (C.M.A. 1986); *accord United States v. Bresnahan*, 62 M.J. 137, 143 (C.A.A.F. 2005). “[T]he accused has the burden of establishing that a reasonable probability exists that (1) an expert would be of assistance to the defense and (2) that denial of expert assistance would result in a fundamentally unfair trial.” *Id.*; *citing United States v. Gunkle*, 55 M.J. 26, 31-32 (C.A.A.F. 2001).

II. DR. GUR’S EXPERT ASSISTANCE IS NECESSARY FOR DEFENSE COUNSEL’S UNDERSTANDING OF THE MEDICAL RECORDS, AND DEFENSE COUNSEL ARE UNABLE TO GAIN THE MEDICAL EXPERTISE INDEPENDENTLY

a. To establish that an expert would be of assistance, the accused “must show (1) why the expert assistance is needed; (2) what the expert assistance would accomplish for the accused; and (3) why the defense counsel were unable to gather and present the evidence that the expert assistance would be able to develop.” *Id.*; *quoting Bresnahan*, 62 M.J. at 143.

b. Why the expert assistance is needed.

1. Department of Defense (DoD) physician(s) determined that Mr. bin al Shibh [REDACTED]. See D-017, Attachments G; *see also* Diagnostics and Statistics Manual-IV (DSM IV-TR), [REDACTED]. This diagnosis came as a result of JTF medical personnel’s assessments and testing of Mr. bin al Shibh.

2. Consequently, Mr. bin al Shibh’s legal competency is at issue now. The competency question arose before this Commission, when, during the arraignment, Mr. bin al Shibh sought to waive his right to counsel and represent himself *pro se*. The Military Judge

refused to accept his waiver because Mr. bin al Shibh [REDACTED]. This fact was confirmed when, on 24 June 2008, the government turned over to the defense a [REDACTED] documenting that he had been on a series of psychotropic. *See D-017 (Defense Motion to Compel Expert), Attachment B.* On 1 July 2008, the Military Judge, *sua sponte*, ordered that a 706 Board be conducted. *See MJ 006.*

3. Conducting a full and thorough investigation, review, and analysis of the competency and mental capacity of Mr. bin al Shibh is not a matter of trial strategy – it is the ethical obligation of defense counsel as attorneys.⁴ *Ake v. Oklahoma*, 470 U.S. 68, 105 S.Ct. 1087 (1985) (holding that the Constitution requires the defendant have access to a competent psychiatrist to conduct an appropriate examination and assist in evaluation, preparation, and presentation of the defense); *United States v. Sloan*, 776 F.2d 926, 929 (10th Cir. 1985) (error to deny defense request for expert on grounds that there was no need for second opinion beyond that of government's expert: “when an accused makes a clear showing ... that his mental condition will be a significant factor at trial, the judge has a clear duty upon request to appoint a psychiatric expert to assist in the defense of the case; [t]he essential benefit of having an expert in the first place is denied the defendant when the services of the doctor must be shared with the prosecution”); *Buttrum v. Black*, 721 F.Supp. 1268, 1312 (N.D. Ga. 1989), *aff’d*, 908 F.2d 695 (11th Cir. 1990), *reh. denied*, 916 F.2d 719 (11th Cir. 1990) (trial court “failed to provide the scope of psychiatric assistance contemplated by *Ake*,” *Buttrum* was not provided with a psychiatrist to work closely with the defense, conduct an independent examination, testify if necessary, prepare for the sentencing phase, and respond to state testimony regarding future dangerousness)

⁴ Detailed defense counsel are licensed to practice law in California and Virginia (CDR Lachelier) and Indiana (LT Federico).

4. Dr. Gur's assistance is necessary so that defense counsel may fulfill their ethical obligations. The defense is ethically required to determine whether Mr. bin al Shibh suffers from any diminished capacity to make adequately considered decisions in connection with representation. *See* MODEL RULES OF PROFESSIONAL CONDUCT, Rule 1.2, *Comment* 4 ("In a case in which the client appears to be suffering diminished capacity, the lawyer's duty to abide by the client's decisions is to be guided by reference to Rule 1.14."); Rule 1.14(a) ("When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client."). Dr. Gur's assistance is necessary to help the defense analyze and understand medical evidence that defense counsel have no background in reading, and his expertise is directly relevant to the tests sought to be analyzed, and to Mr. bin al Shibh's competency. The requested expert assistance is also critical because, presumably, the JTF medical personnel did not order the tests unnecessarily, and the government has had the benefit of their analysis of the tests. The defense is entitled to no less assistance from Dr. Gur, who can provide an independent review of the tests in question. "One important role of expert consultants is to help counsel develop evidence." *United States v. Warner*, 62 M.J. 114, 118 (C.A.A.F. 2005). Defense counsel must be fully informed, with the complete confidence in the services of a defense consultant, of the meaning of medical tests performed on Mr. bin al Shibh, and the significance to his mental condition. *See id.* ("Another important function of defense experts is to test and challenge the Government's case.")

5. Dr. Gur's assistance is also necessary because the defense is entitled to an expert consultant that it can communicate with under cover of privilege. *See* M.C.R.E. 502(a),

502(b)(3). It is well established that the defense must be afforded an independent mental health professional of its own choosing. *Van White v. State*, 990 P.2d 253 (Okla. Crim App. 1999) (relying in part on *Ake*, court held that attorney-client privilege applied to expert appointed by court to aid in defense, and privilege is maintained whether or not the expert testifies); *DeFreece v. State*, 848 S.W.2d 150 (Tex. Crim. App. 1993), *cert. denied*, 114 S.Ct. 284 (1993) (court's appointed psychiatrist was inadequate pursuant to *Ake* because an indigent defendant who makes the requisite threshold showing is entitled to a partisan, not merely neutral, expert, and is also entitled to a psychiatric expert to assist with his defense, not just for examination purposes; ability to subpoena expert not enough); *Anderson v. Virginia*, 421 S.E.2d 900 (Va. Ct. App. 1992), *reh. en banc granted*, 436 S.E.2d 625 (Va.Ct.App. 1993)(en banc) (error to deny the defendant a psychologist of her own choosing where trial court appointed a private psychologist of the state's choosing, and mental state was hotly contested and crucial to sentencing).

6. Dr. Gur is ideally qualified to be a defense consultant on this matter because he is a well respected expert in the field of neuroimaging in psychiatry. Further, detailed defense counsel lacks the knowledge, education, training, or experience to review [REDACTED], and to formulate any opinions from those tests. A review of these tests by a qualified expert in the field of neuroimaging in psychiatry is fundamental to providing Mr. bin al Shibh an adequate defense. Such a review cannot be obtained through defense counsel's independent study or preparation.

c. What the expert assistance would accomplish.

1. Effective investigation and documentation of mental illness, potentially resulting from ill treatment, requires a thorough medical evaluation by a qualified, independent

medical expert in accordance with international standards established in the Istanbul Protocol. *See D-017 (Defense Motion to Compel Expert), Attachment A, ¶ 15; see also United Nations Manual on the Effective Investigation and Documentation of Torture and Cruel, Inhumane, or Degrading Treatment or Punishment.* The “Istanbul Protocol” standards of evaluation are applicable to the present case because DoD medical records from JTF-GTMO clearly state that Mr. bin al Shibh suffers from a mental health condition.. Dr. Gur is properly qualified to assist the defense in analyzing these medical records and conducting the necessary investigation.

2. “The mental capacity of the accused is an interlocutory question of fact.” R.M.C. 909(e)(1). In such a competency hearing, it is virtually certain the Commission will require the testimony of experts to determine the fact at issue. *See* M.C.R.E. 701. Accordingly, Dr. Gur *may* be required to testify at Mr. bin al Shibh’s competency hearing. The defense counsel shall “have reasonable opportunity to obtain expert witnesses.” M.C.R.E. 706(a). But even if Dr. Gur does not testify, his expert assistance is necessary for the defense to develop its case for the competency hearing. *See Warner*, 62 M.J. at 118 (finding abuse of discretion from trial judge’s denial of defense expert, reversing conviction, and ruling that “even if the defense-requested expert consultant would not have become an expert witness, he would have assisted the defense in evaluating, identifying, and developing evidence.”).

d. Why the defense counsel are unable to gather and present the evidence that Dr. Gur would be able to develop

a. The rules require that only a physician or clinical psychologist may conduct an inquiry into the mental capacity of the accused. *See* R.M.C. 706(c)(1). No current member of the defense team is a physician, much less a [REDACTED]. It is self-evident that defense counsel lack the education, training, knowledge, and experience to read

such tests, formulate a medical opinion in their regard, and analyze them in the overall context of Mr. bin al Shibh's mental health history. *See* **D-017 (Defense Motion to Compel Expert)**, **Attachment A**, ¶ 17 ("Legal experts, including attorneys for the prosecution and the defense and adjudicators are not qualified to assess medical evidence of torture and ill treatment."). Further, the advice of an independent mental health professional cannot be obtained through independent study or preparation. The defense has been provided medical tests, without associated analyses; even with the analyses, however, defense counsel cannot reasonably be expected to fully comprehend the tests and to conduct the independent review required by law and by their ethical rules, without the assistance of Dr. Gur.

III. THE DENIAL OF DR. GUR WOULD RESULT IN A FUNDAMENTALLY UNFAIR TRIAL

a. Mr. bin al Shibh is facing the death penalty. "Death, in its finality, differs more from life imprisonment than a 100-year prison term differs from one of only a year or two. Because of the qualitative difference, there is a corresponding difference in the need for reliability in the determination that death is the appropriate punishment in a specific case." *Woodson v. North Carolina*, 428 U.S. 280, 304-305 (1976). "It is vain to give the accused a day in court, with no opportunity to prepare for it, or to guarantee him counsel without giving the latter any opportunity to acquaint himself with the facts or law of the case." *Powell v. State of Ala.*, 287 U.S. 45, 59 (1932). The defense is merely asking to be provided the tools, in the form of an expert, to acquaint itself with the medical evidence of the case, so as to afford Mr. bin al Shibh an adequate defense.

b. The right to appropriate, independent mental health experts is explicit in the American Bar Association Guidelines for the Appointment and Performance of Defense Counsel in Death

Penalty Cases, which establish the required standard of care for capital representation. *See* ABA REVISED GUIDELINES FOR THE APPOINTMENT AND PERFORMANCE OF DEFENSE COUNSEL IN DEATH PENALTY CASES, 31 Hofstra Law Review 913, 1029 (Summer 2003) (hereinafter “ABA Guidelines”); *see also* *Wiggins v. Smith*, 123 S. Ct. 2527 (2003) (the Court has “long looked” to the ABA Guidelines as “well-established norms” for performance of counsel in capital cases); *Rompilla v. Beard*, 545 U.S. 374 (2005). Indeed, the ABA Guideline approach removes the government from the equation wherever possible, by instructing responsible agencies to construct a “Legal Representation Plan” that funds defense experts for indigent defendants through the public defenders office or through some other governmental agency, independent of the prosecutors. *See id.* at 952, ABA Guideline 4.1 (“The Defense Team and Supporting Services”[. . .] The Legal Representation Plan should provide for counsel to receive the assistance of all expert, investigative, and other ancillary professional services reasonably necessary or appropriate to provide high quality legal representation at every stage of the proceedings... [c]ounsel should have the right to have such services provided by persons independent of the government.).

c. In this capital case, defense counsel would not be able to effectively represent Mr. bin al Shibh, and fulfill their ethical obligations to fully explore the competency issue, without the assistance of the requested expert. In this context, the request for Dr. Gur is analogous to the duty of defense counsel to investigate and present evidence in mitigation. *See Wiggins v. Smith*, 539 U.S. 510 (2003) (holding that counsel’s failure to investigate the accused’s background and to present mitigating evidence violated the accused’s Sixth Amendment right to effective assistance of counsel); *see also* *Eddings v. Oklahoma*, 455 U.S. 104, 112, 102 S.Ct. 869 (1982) (noting that the consideration of the offender’s life history is a “part of the process of inflicting

the penalty of death.”); *Lockett v. Ohio*, 438 U.S. 586, 604, 98 S.Ct. 2954 (1978) (invalidating Ohio law that did not permit consideration of aspects of a defendant’s background). This legal authority defining the defense duty to seek mitigation and other defense evidence affecting the merits, with the assistance of a mitigation specialist, has been held to be directly applicable under military law. *See United States v. Kreutzer*, 61 M.J. 293, 298 (C.A.A.F. 2005) (“Where such a request [for mitigation expert] is erroneously denied, that ruling implicates the right to present a defense, compulsory process, and due process conferred by the Constitution...”). But, the question here is even more complex than whether the death penalty applies, as it touches on highly specialized and thorny medical questions. *See Ford v. Wainright*, 477 U.S. 399, 426, 106 S.Ct. 2595, (“unlike the determination of whether the death penalty is appropriate in a particular case, the competency determination depends substantially on expert analysis in a discipline fraught with ‘subtleties and nuances.’ ”), quoting *Addington v. Texas*, 441 U.S. 418, 429-430, 99 S.Ct. 1804 (1979).

A complete understanding of Mr. bin al Shibh’s current mental state, including a proper analysis of medical tests performed on him, is critical to assisting defense counsel in continuing to provide him with adequate counsel assistance in this death penalty case. Quashing defense counsel’s ability to try and understand the medical evidence at issue here will result in a fundamentally unfair trial.

7. Request for Oral Argument:

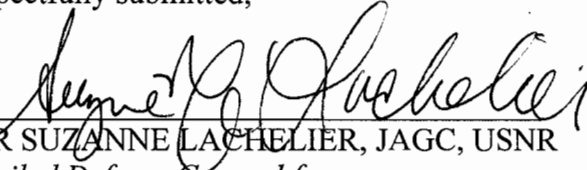
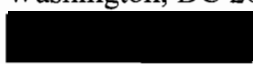
The defense requests oral argument as it is entitled to pursuant to R.M.C. 905(h), which provides that “Upon request, either party is entitled to an R.M.C. 803 session to present oral argument or have evidentiary hearing concerning the disposition of written motions.” Oral argument will allow for proper consideration of the issues raised by this motion.

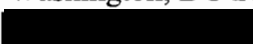
8. **Conference with Opposing Counsel:** On 24 June 2009, the defense conferred with the Prosecution regarding its requested relief. The prosecution opposes this motion.

9. **Attachments:**

- A. Memorandum for the Convening Authority, Subj: Request for Appointment of Expert Consultant Dr. Ruben C. Gur, M.A., Ph.D., to Defense Team ICO *United States v. Mohammed, et. al.* (Ramzi bin al Shibh), dated 9 January 2009
- B. Curriculum Vitae of Dr. Gur
- C. Memorandum for Defense, Subj: Denial of Request for Expert Consultant dated 13 January 2009

Respectfully submitted,

By: 
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Detailed Defense Counsel for
Ramzi bin al Shibh
Office of the Chief Defense Counsel
Office of Military Commissions
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By: _____
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ATTACHMENT A

**Office of the Chief Defense Counsel
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1600 Defense Pentagon, Rm. 3B688
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Fax: (703) 588-2036/2047**

9 January 2009

MEMORANDUM FOR THE CONVENING AUTHORITY

Subj: REQUEST FOR APPOINTMENT OF CONSULTANT DR. RUBEN C. GUR, M.A., PH.D., TO DEFENSE TEAM ICO UNITED STATES V. MOHAMMED, ET AL. (RAMZI BIN AL SHIBH)

1. Defense counsel for Mr. Ramzi bin al Shibh respectfully request the Convening Authority to order the appointment and funding for Dr. Ruben C. Gur, M.A., Ph.D., to serve as a defense expert consultant in the field of neuroimaging in psychiatry.

2. Qualifications:

Dr. Gur is a licensed clinical psychologist who possesses a Masters degree and Doctorate in clinical psychology from Michigan State University. He has been an assistant, associate professor, or professor at University of Pennsylvania School of Medicine since 1974. Dr. Gur is the Director of Neuropsychology and the Brain Behavior Laboratory, Department of Psychiatry at the Hospital of the University of Pennsylvania since 1984.

Dr. Gur possesses the following board specialty certification: Diplomate in Clinical Neuropsychology; and American Board of Professional Psychology.

Dr. Gur has received the following awards, honors and membership: Elected to Fellow status, National Academy of Neuropsychologists, 1986; Elected to Fellow status, American Psychological Association, Divisions 6 & 30, 1987; Recipient of 1990 Stephen V. Logan Award, National Alliance for the Mentally Ill (NAMI); and was Elected to Fellow status, The American Psychological Society, 1992.

Along with providing consultation, training and clinical services in his field for more than 30 years, Dr. Gur has conducted and supervised research in the field of neuroimaging in psychiatry; he has authored books in the field, as well as numerous professional articles which have been published in peer-reviewed journals. Additionally, Dr. Gur has a patent with respect to: "Behavioral Imaging: Topographic Display of Neuropsychological Data", U.S. Patent No. 4862359.

For your review, attached is Dr. Gur's Curriculum Vitae.

Subj: REQUEST FOR APPOINTMENT OF CONSULTANT DR. RUBEN C. GUR,
M.A., PH.D., TO DEFENSE TEAM ICO UNITED STATES V. MOHAMMED,
ET AL. (RAMZI BIN AL SHIBH)

3. Dr. Gur's contact information:

[REDACTED] (wk)
[REDACTED] (fax)

4. Complete statement of reasons why Dr. Gur is necessary:

a. Why the expert consultant is needed:

- i. According to the discovery the defense has been able to review, Mr. bin al Shibh was diagnosed with a mental disease that has resulted in his being prescribed (during his time in the custody of JTF-GTMO) [REDACTED]
- ii. This discovery also indicates that certain medical tests were performed on Mr. bin al Shibh. These tests include, but are not limited to, [REDACTED]
- iii. A complete understanding of Mr. bin al Shibh's current mental state, in light of his full history and particularly his history of the last six years is critical to assisting defense counsel in continuing to provide him with adequate counsel assistance. The presence of some mental health issue has a direct impact on defense counsel's duties in defending this case and affording Mr. bin al Shibh an adequate defense. Defense counsel must be fully informed, with the complete confidence in the services of a defense consultant, of the ramifications of Mr. bin al Shibh's mental condition. *See Warner*, 62 M.J. at 118 ("One important role of expert consultants is to help counsel develop evidence"). Counsel, moreover, must be prepared to understand, and possibly challenge, the evaluation

Subj: REQUEST FOR APPOINTMENT OF CONSULTANT DR. RUBEN C. GUR, M.A., PH.D., TO DEFENSE TEAM ICO UNITED STATES V. MOHAMMED, ET AL. (RAMZI BIN AL SHIBH)

of any government-directed mental health expert. *See id.* (“Another important function of defense experts is to test and challenge the Government's case.”); *see also, Ake v. Oklahoma*, 470 U.S. 68, 105 S.Ct. 1087 (1985)(ruling that government must assure access of services of competent mental health expert to assist with preparation of possible defense).

b. Why Dr. Gur is necessary:

- i. The detailed defense counsel lacks the knowledge, education, training, or experience to review [REDACTED] by [REDACTED] a qualified expert in the field of neuroimaging in psychiatry is fundamental to providing Mr. bin al Shibh an adequate defense. Such a review cannot be obtained through independent study or preparation.
- ii. Dr. Gur is ideally qualified to be a defense consultant because he is a well respected expert in the field of neuroimaging in psychiatry.

5. Estimated Cost:

a. Total hours/days and total cost:

Dr. Gur's fee is \$400.00 per hour, and he estimates the time necessary for this case to require 15 hours, including time for consultation, analysis, and/or review. This request does not include any time for testifying, or preparing for testimony, should such services become necessary. The defense therefore requests authorization for up to \$6,000.00 in fees for Dr. Gur.

b. Total days TDY at the per diem rate

None requested at present, if the defense is able to provide the records to Dr. Gur rather than him having to travel to Guantanamo Bay to conduct a review of the records and an assessment [REDACTED].

c. Travel costs, if any:

Dr. Gur would require payment for travel expenses from his residence in Philadelphia, PA to Guantanamo Bay, Cuba, and for lodging during the time he will be away from his residence.

d. Rate for professional services and hours/days (when travel is not involved):

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\$400.00 per hour for consultative services

e. Inconvenience fee, if any:

None requested.

6. On 9 January 2009, I notified the opposing party of this request.

7. If approved, a Memorandum of Agreement, detailing the terms contained herein, will be signed by Dr. Gur and returned to you for signature. *See* Regulation for Trial by Military Commission, 13-7. In the event this request is denied, the defense respectfully requests a written response that details the reasons for the denial. Should you require further information, please contact detailed counsel at [REDACTED]
[REDACTED]

Respectfully Submitted,

By: *Suzanne M. Lachelier*

CDR Suzanne M. Lachelier, JAGC, USNR
LT Richard E.N. Federico, JAGC, USN
*Detailed Defense Counsel for
Mr. Ramzi bin al Shibh*

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cc:

Mr. Clay Trivett, Trial Counsel

Attachment:

(1) Curriculum Vitae for Dr. Gur

UNIVERSITY OF PENNSYLVANIA - SCHOOL OF MEDICINE
Curriculum Vitae

Date: Decamber 2008

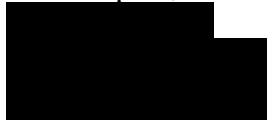
Ruben C. Gur, Ph.D.

HOME ADDRESS:



OFFICE ADDRESS:

Brain Behavior Laboratory
Department of Psychiatry
10 Gates Building
University of Pennsylvania
Philadelphia, PA 19104-4283



<u>EDUCATION:</u>	1967-70	B.A. Hebrew University of Jerusalem
	1970-71	M.A. Michigan State University
	1971-73	Ph.D. Michigan State University
	1973-74	Postdoctoral Fellowship, Stanford University

POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS:

Doctorate:	1971	NIMH Summer Traineeship, Psychiatric Clinic Oakland County Juvenile Court Pontiac, Michigan
	1971-72	Psychology Internship, Psychiatric Clinic State Prison of Southern Michigan Jackson, Michigan
	1972-73	Psychology Internship, Counseling Center Michigan State University East Lansing, Michigan
Postdoctorate:	1973-74	Research Associate, Department of Psychology Stanford University, Stanford, California
	1974-76	Postdoctorate supervised clinical experience Department of Psychiatry University of Pennsylvania

<u>MILITARY SERVICE:</u>	1965-67	Israeli Defense Forces
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FACULTY APPOINTMENTS:

- | | |
|--------------|--|
| 1974-81 | Assistant Professor
Department of Psychology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1981-84 | Research Associate Professor of Psychology
in Neurology and Psychiatry
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1984-88 | Associate Professor of Psychology in
Psychiatry and Neurology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1988-Present | Professor of Psychology in Psychiatry,
Neurology and Radiology
University of Pennsylvania School of Medicine
Philadelphia, PA |

HOSPITAL AND ADMINISTRATIVE APPOINTMENTS:

- | | |
|--------------|---|
| 1974-81 | Supervisor, Clinical Training Program
Department of Psychology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1982-84 | Director of Neuropsychology
Department of Neurology
The Graduate Hospital
Philadelphia, PA |
| 1984-Present | Director of Neuropsychology and the
Brain Behavior Laboratory,
Department of Psychiatry
Hospital of the University of Pennsylvania
Philadelphia, PA |
| 2005-Present | Director of the Center for Neuroimaging in Psychiatry
Department of Psychiatry
Hospital of the University of Pennsylvania
Philadelphia, PA |
| 2005-Present | Staff Psychologist
Philadelphia Veterans Administration Hospital |

Philadelphia, PA

BOARD SPECIALTY CERTIFICATION:

Diplomate in Clinical Neuropsychology
American Board of Professional Psychology

LICENSURE: Licensed Psychologist, Commonwealth of Pennsylvania

AWARDS, HONORS AND MEMBERSHIP IN HONORARY SOCIETIES:

Erickson Award for Scientific Excellence for Writing in Hypnosis
NARSAD Distinguished Investigator Award
Member, Sigma Xi
Elected to Fellow status, National Academy of Neuropsychologists, 1986
Elected to Fellow status, American Psychological Association, Divisions 6 & 30, 1987
Recipient of 1990 Stephen V. Logan Award, National Alliance for the Mentally Ill (NAMI)
Elected to Fellow status, The American Psychological Society, 1992

MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES:

American Psychological Association, FELLOW
American Psychological Society, FELLOW
American College of Neuropsychopharmacology
The John Morgan Society
American Association for the Advancement of Science
International Neuropsychological Society
National Academy of Neuropsychologists
The New York Academy of Science
International Society for Neuroimaging in Psychiatry

EDITORIAL/ADVISORY POSITIONS:

Member, NIH Study Section on Clinical Neuroscience and Biological Psychopathology (1993-1996)
Editorial Board: Archives of Clinical Neuropsychology (1985-1997), Journal of Mental Imagery (1984-present), Brain and Cognition (1989-present), Brain and Language (1990-present), Brain Imaging and Behavior (1994-present; founding member), Social Neuroscience (founding member). Consultant to Panel on Neurological Aspects of Behavior: Development of a National Research Strategy for NIH (1979) Schizophrenia Research (2004-present)
Advisory Board: The Greenwall Initiative on Imaging and Treating the Human Brain: Ethical and Social Implications. The Center for Bioethics, University of Pennsylvania; Institute for Strategic Threat Analysis and Response (ISTAR), University of Pennsylvania, (2002-)
The Conte Center on the Neurobiology of Suicide, Columbia University (J Mann, MD, PI), Boston Center for Intervention Development and Applied Research (CIDAR is a NIMH-sponsored program project, "Vulnerability to Progression in Schizophrenia").

Action Editor: Brain and Cognition (2002-present)

ACADEMIC COMMITTEES AT THE UNIVERSITY OF PENNSYLVANIA:

1975-1977 Admissions Committee, Psychology Department
 1984-1994 Research Committee, Psychiatry Department
 1984-1987 Computer Task Force, Psychiatry Department
 1984-1988 Chairman's Council for Planning and Development, Psychiatry Department
 1990-1992 Senate Committee on Academic Freedom and Responsibility
 1996-1998 Search Committee for Chair of Radiology
 2000-2002 Search Committee for fMRI Physicist
 1999-Present University Scholars Council

MAJOR TEACHING & CLINICAL RESPONSIBILITIES AT THE UNIVERSITY OF PENNSYLVANIA:

A. Teaching:

1. Co-founder and Advisor, Biological Basis of Behavior Undergraduate Major program.
2. Supervisor of postdoctoral Fellows (NIMH Training Grant) and doctoral students
3. Member of dissertation committees.
4. Rounds and teaching conferences for Psychiatry residents and Neuropsychology Fellows
5. Supervisor of undergraduate Honors theses.

B. Clinical:

1. Director of Neuropsychology, Department of Psychiatry, Hospital of the University of Pennsylvania
2. Supervisor of interns and practicum students in neuropsychology.
3. Director of Forensic Neuropsychiatry Center.

PRESENTATIONS & LECTURES BY INVITATION: (Outside Philadelphia, Past 5 years)

March 4, 2002. "Imaging Studies of Emotion Processing Examining the Effects of Age, Gender, and Disease." University of Iowa School of Medicine, Research Seminar, Iowa City, IA

March 5, 2002. "Behavioral and Neurobiologic Markers of Brain Dysfunction and Genetic Vulnerability to Schizophrenia." University of Iowa School of Medicine, Grand Rounds. Iowa City, IA

April 14, 2002. "The Neurobiology of Sex Differences in the Symptoms and Course of Schizophrenia" Advocates for the Jewish Mentally Ill, Wynnewood, PA

May 5, 2002. "The Science of Deceit: The Polygraph and its Progeny" Judicial In Service Training, Washington D.C.

May 22, 2002. "Functional and Structural Imaging Studies of Emotion Processing" Massachusetts General Hospital, Grand Rounds, Charlestown, MA

Oct 10, 2002. "What to do About Girls, Boys and Brains: Sex Differences From Phylogeny to

Ontogeny" CAIS Commission of Women in Independent School's Annual Conference, Farmington, CT

Oct 23, 2002. "Neurobehavioral Measures as Endophenotypic Markers in Schizophrenia" State University of New York, Grand Rounds, Albany, NY

November 1, 2002 "Sex Differences in Learning" Learning and the Brain Conference, Cambridge, MA

November 2, 2002 "Imaging and Other Brain Function Issues" The Third National Seminar on Mental Health and the Criminal Law, Atlanta, GA

November 29, 2002 "Integration of Behavior, Anatomy and Physiology in the Search for Neural Substrates of Cognitive and Emotion Processing in Healthy People" 12th Australian Society for Psychophysiology Conference. University of Sydney, Australia

November 8, 2002 "Bio-Cognitive Aspects of Schizophrenia" Psychology Senior Seminar, Haverford College, Haverford, PA

January 15, 2003 "Adolescent Brain Development, Executive Functions, and Culpability" American Bar Association, Washington, D.C.

February 14, 2003 "Neural Substrates of Emotion Processing" Psychiatric Research Society, Park City, Utah

May 12, 2003 "The New Era of Neuropsychology; Neural Systems Probed Behaviorally and with Imaging" Mayo Clinic, Rochester, Minnesota

May 29, 2003 "Cognitive Impairment in Schizophrenia" 43rd Annual New Clinical Drug Evaluation Unit, Boca Raton, FL

September 21, 2003 "The Measurement of Emotion Processing: Exploring the Dark Side of the Moon" 3rd US-Korean Workshop on Psychiatric Genetics, Seoul, Korea

November 29, 2003 Neuroimaging studies in schizophrenia". Keynote to Symposium: Kognitive Störungen bei schizophrenen Erkrankungen III: Negative and positive symptoms in schizophrenia - models, methods and results. Ruhr-Universität Bochum Internationales Begegnungszentrum, Bochum, Germany.

December 11, 2003 "Developmental Differences Between Adolescents and Adults" Illinois Juvenile Justice Symposium, Chicago, Illinois.

February 11, 2004 "Information Processing in Schizophrenia: an fMRI study" Psychiatric Research Society, Park City, Utah.

February 25, 2004 "Implications of New Brain Imaging Research to Criminal Culpability of Adolescents" Briefing on Adolescent Development, National Press Club, Washington D.C.

March 9, 2004 "Facial Recognition as an Endophenotypic Marker in Autism" NIH sponsored

Autism Genetics In the Pacific Rim, University of California - Los Angeles Medical Center.
Los Angeles, California.

April 1, 2004 “Teaching Science to Myelinating and Pruning Brains Constructed During the Middle Pleistocene Epoch: The Challenge of Dealing with Brain Maturation in Boys and Girls.” NSTA, National Science Teachers Association, Atlanta, Georgia.

May 21st, 2004 “Using Brain Research in Juvenile Representation” Southwest Regional Juvenile Defender Center’s (SWJDC) 2004 Regional Summit, Zealous Advocacy = Best Interests, Houston, Texas.

June 17th, 2004 “Research in Family Schizophrenia” Harrisburg State Hospital, Harrisburg, Pennsylvania.

June 21, 2004 “Psychopharmacology of Emotions” 24th Annual Collegium Internationale Neuro-Psychopharmacologicum (CINP) Congress-Paris. Paris, France.

June 23, 2004 “Endophenotypic Measures in Brain Behavior Studies in Schizophrenia” Bordeaux University, Bordeaux, France.

July 24, 2004 “The Developing Brain and the Technology That Let’s Us See It” 25th Annual Capital Punishment Training Conference, Warrenton, Virginia.

September 16, 2004 “Are Sex Differences in Brain Anatomy and Physiology Related to Sex Differences in Emotion Regulation, Personality, and Aggression?” Sex, Brain and Human Aggression Conference, Delmenhorst, Germany.

October 18, 2004 “Recent Discoveries of Cognitive Neuroscience Using Brain Imaging” Brain Imaging and the Cognitive Sciences Conference, Washington, D.C.

April 2, 2005 “Episodic Memory and Affective Processing in Schizophrenia” The 7th Biennial Mt. Sinai Conference on Cognition in Schizophrenia, Savannah, GA.

April 11, 2005 “Brain Development and its Relevance to the Juvenile Death Penalty” Cornell Law School; Prof Blume’s class, Ithaca, NY.

April 11, 2005 “Aggression and Deception: Some Legal Implications of Recent Advances in Neuroimaging and Neuroscience, Cornell Law School, Ithaca, NY.

April 22, 2005 “Understanding Brain Development” The National Seminar on the Development and Integration of Mitigation Evidence, Salt Lake City, UT.

April 22, 2005 “Schizophrenia: The Positive and Negative Symptoms” The National Seminar on the Development and Integration of Mitigation Evidence, Salt Lake City, UT.

August 18, 2005 “Emotion: The Unwelcome Guest at the Cognitive Party” Ben Gurion University of the Negev, Beersheva, Israel.

September 10, 2005 “Brain 101: Knowing Brain Development, Function and Disorder can Save

Your Client's Life." Florida Public Defenders Association: Life Over Death Conference, Orlando, FL.

November 18, 2005 "The Developing Adolescent Brain" OPD, Capital Defense Division Capital Training Seminar, Baltimore, MD.

November 28, 2005 "Emotion: The Dark Side of Cognition. Insights from Neuroimaging Studies in Men and Women" University of Delaware, Newark, DE.

November 28, 2005 "Verify with MRI? Functional Imaging in the Context of Lie Detection." University of Delaware, Newark, DE.

February 10, 2006 "A Slice of Emotions: Neurobehavioral and (thinly sliced) fMRI Studies" Psychiatric Research Society Annual Meeting, Park City, UT.

April 7, 2006. "The Developing Brain: Judgement and Impulse Control" Indigent Criminal Defense: Advanced Skills for the Experienced Practitioner Conference, Richmond, VA.

July 12, 2006. "Sex Differences in Cerebral Function and Morphology in Mental Illness" CINP Symposium, Chicago, IL.

August 25, 2006. "Brain Structure and Function: New Frontiers. 11th Annual Federal Habeas Corpus Center, Pittsburgh, PA.

August 31, 2006. "Neuroimaging in the Study of Cognition and Emotion" Astra Zeneca, Wilmington, DE.

September 15, 2006. "Imaging in Schizophrenia" The International Symposium on Schizophrenia, Gottingen Research Association for Schizophrenia, Gottingen, Germany.

September 29, 2006 "The Inherent Mitigation of Youth: Brain Development in Adolescents and Young Adults. Making the Case for Life Conference, Las Vegas, NV.

November 13, 2006 "Brain Behavior Relationship of Normal and Disturbed Emotions in Schizophrenia and Autism" DFG International Research Training Group, Aachen University, Aachen, Germany.

April 20, 2007 "Gender Differences in Cerebral Function and Morphology in Normal Subjects. Advances in Neuroscience Conference, Napoli, Italy.

October 6, 2007 "Brain Function, Gender and Age" ASTAR National Judges' Science School. Baltimore, MD.

October 11, 2007 "Neurobiology of Sex Differences: Potential Relevance to Women in Science" Women's Leadership Board Meeting, Cambridge, MA.

November 16, 2007 "Brain Imaging" Ohio Association of Criminal Defense Lawyers. Columbus, Ohio.

April 2, 2008 "Cutting Edge Neuroscience" Capital Habeas Corpus Unit Conference, Fort Lauderdale, FL.

November 7, 2008 "Some Advances in Cognitive and Affective Neuroscience with Potential Legal Relevance: Neuroimaging of Brain and Behavior" Institute for Social Science Faculty Fellows and Law faculty, Cornell University, Ithaca, New York

November 8, 2008 "Brain Development in Healthy and Vulnerable Populations: Lessons from Neuroimaging and Behavioral Measures", Joint Human Development, Psychology and Center for Behavioral Economics and decision Science Colloquium, Cornell University, Ithaca, New York

Nov. 19, 2008 "Is fear special? Studies on the affective neuroscience of schizophrenia" Grand Rounds at University of Illinois in Chicago, Department of Psychiatry, Chicago, Illinois

ORGANIZING ROLES IN SCIENTIFIC MEETINGS: None.

BIBLIOGRAPHY:

Research Publications, peer reviewed:

1. Alexander LT, Gur RC, Gur RE, Patterson L. Peer assisted learning. Improving Human Performance Quarterly, 1974, 3, 175-186.
2. Gur RC, Gur RE. Handedness, sex and eyedness as moderating variables in the relation between hypnotic susceptibility and functional brain asymmetry. Journal of Abnormal Psychology, 1974, 83, 635-643.
3. Gur RC. An attention-controlled operant procedure for enhancing hypnotic susceptibility. Journal of Abnormal Psychology, 1974, 83, 635-643.
4. Gur RE, Gur RC, Marshalek B. Classroom seating and functional brain asymmetry. Journal of Educational Psychology, 1975, 67, 151-153.
5. Gur RC, Hilgard ER. Visual imagery and discrimination of differences between altered pictures simultaneously and successively presented. British Journal of Psychology, 1975, 66, 341-345.
6. Gur RE, Gur RC. Defense mechanisms, psychosomatic symptomatology and conjugate lateral eye movements. Journal of Consulting and Clinical Psychology, 1975, 43, 416-420.
7. Gur RE, Gur RC, Harris LJ. Cerebral activation, as measured by subject's lateral eye movements, is influenced by experimenter location. Neuropsychologia, 1975, 13, 35-44.
8. Gur RC, Sackeim HA, Gur RE. Classroom seating and psychopathology: some initial data. Journal of Abnormal Psychology, 1976, 85, 122-124.
9. Gur RC, Reyher J. The enhancement of creativity via free imagery and hypnosis.

- American Journal of Clinical Hypnosis, 1976, 85, 237-249.
10. Sackeim HA, Packer IK, Gur RC. Hemisphericity, cognitive set and susceptibility to subliminal perception. Journal of Abnormal Psychology, 1977, 86, 624-630.
11. Gur RE, Gur RC. Sex differences in the relations among handedness, sighting-dominance and eye acuity. Neuropsychologia, 1977, 15, 585-590.
12. Sackeim HA, Gur RC, Saucy MC. Emotions are expressed more intensely on the left side of the face. Science, 1978, 202, 434-436.
13. Gur RC, Sackeim HA. Self-confrontation and psychotherapy. Psychotherapy: Theory, Research and Practice, 1978, 15, 258-265.
14. Sackeim HA, Gur RC. Lateral asymmetry in intensity of emotional expression. Neuropsychologia, 1978, 16, 473-481.
15. Sackeim HA, Gur RC. Self-deception, other-deception, and self-reported psychopathology. Journal of Consulting and Clinical Psychology, 1979, 47, 213-215.
16. Gur RC, Sackeim HA. Self-deception: A concept in search of a phenomenon. Journal of Personality and Social Psychology, 1979, 37, 147-169.
17. Sackeim HA, Nordlie JW, Gur RC. A model of hysterical and hypnotic blindness: cognition, motivation and awareness. Journal of Abnormal Psychology, 1979, 88, 474-489.
18. Gur RC, Reivich M. Cognitive task effects on hemispheric blood flow in humans: evidence for individual differences in hemispheric activation. Brain and Language, 1980, 9, 78-92.
19. Gur RC, Packer IK, Hungerbuhler JP, Reivich M, Obrist WD, Amarnek WS, Sackeim HA. Differences in the distribution of gray and white matter in human cerebral hemispheres. Science, 1980, 207, 1226-1228.
20. Sackeim HA, Greenberg MS, Weiman AL, Gur RC, Hungerbuhler JP, Geschwind N. Hemispheric asymmetry in the expression of positive and negative emotions: Neurological Evidence. Archives of Neurology, 1982, 39, 210-218.
21. Gur RC, Sussman NM, Alavi A, Gur RE, Rosen AD, O'Connor M, Goldberg HI, Greenberg JH, Reivich M. Positron emission tomography in two cases of childhood epileptic encephalopathy (Lennox-Gastaut Syndrome). Neurology, 1982, 32, 1191-1194.
22. Gur RC, Gur RE, Obrist WD, Hungerbuhler JP, Younkin D, Rosen AD, Skolnick BE., Reivich M. Sex and handedness differences in cerebral blood flow during rest and cognitive activity. Science, 1982, 217, 659-661.
23. Sussman NM, Gur RC, Gur RE, O'Connor MJ. Mutism as a consequence of callosotomy. Journal of Neurosurgery, 1983, 59, 514-519.
24. Gur RC, Gur RE, Rosen AD, Warach S, Alavi A, Greenberg J, Reivich M. A cognitive-

- motor network demonstrated by positron emission tomography. Neuropsychologia, 1983, 21, 601-606.
25. Natale M, Gur RE, Gur RC. Hemispheric asymmetries in processing emotional expressions. Neuropsychologia, 1983, 21, 555-565.
26. Reivich M, Gur RC, Alavi A. Positron emission tomography studies of sensory stimuli, cognitive processes and anxiety. Human Neurobiology, 1983, 2, 25-33.
27. Gur RE, Skolnick BE, Gur RC, Caroff S, Rieger W, Obrist WD, Younkin D, Reivich M. Brain function in psychiatric disorders: I. Regional cerebral blood flow in medicated schizophrenics. Archives of General Psychiatry, 1983, 40, 1250-1254.
28. Gur RE, Gur RC, Sussman NM, O'Connor MJ, Vey MM. Hemispheric control of the writing hand: The effect of callosotomy in a left-hander. Neurology, 1984, 34, 904-908.
29. Reivich M, Alavi A, Gur RC. Positron emission tomographic studies of perceptual tasks. Annals of Neurology, 1984, 15, 61-65 (Supplement).
30. Gur RE, Skolnick BE, Gur RC, Caroff S, Rieger W, Obrist WD, Younkin D, Reivich M. Brain function in psychiatric disorders: II. Regional cerebral blood flow in medicated depressives. Archives of General Psychiatry, 1984, 41, 695-699.
31. Younkin D, Hungerbuhler JP, O'Connor M, Goldberg H, Burke A, Kushner M, Hurtig H, Obrist W, Gordon J, Gur RC, Reivich M. Superficial temporal-middle cerebral artery anastomosis: Effects on vascular, neurologic, and neuropsychological functions. Neurology, 1985, 35, 462-469.
32. Gur RE, Gur RC, Skolnick BE, Caroff S, Obrist WD, Resnick S, Reivich M. Brain function in psychiatric disorders: III. Regional cerebral blood flow in unmedicated schizophrenics. Archives of General Psychiatry, 1985, 42, 329-334.
33. Trivedi SS, Gur RC, Gur RE, Skolnick BE, Obrist WD, Reivich M, Herman GT. Imaging regional cerebral blood flow measured by the 133-Xenon technique. rCBF Bulletin, 1986, 9, 175-178.
34. Stern MB, Gur RC, Saykin AJ, Hurtig HI. Dementia of Parkinson's disease and Alzheimer's disease: Is there a difference? Journal of the American Geriatrics Society, 1986, 34, 475-478.
35. Gur RE, Resnick SM, Alavi A, Gur RC, Caroff S, Dann R, Silver F, Saykin AJ, Chawluk JB, Kushner M, Reivich M. Regional brain function in schizophrenia: I. A positron emission tomography study. Archives of General Psychiatry, 1987, 44, 119-125.
36. Gur RE, Resnick SM, Gur RC, Alavi A, Caroff S, Dann R, Silver F, Saykin AJ, Chawluk JB, Kushner M, Reivich M. Regional brain function in schizophrenia: II. Repeated evaluation with positron emission tomography. Archives of General Psychiatry, 1987, 44, 126-129.

37. Trope I, Fishman B, Gur RC, Sussman NM, Gur RE. Contralateral and ipsilateral control of fingers following callosotomy. Neuropsychologia, 1987, 25, 287-291.
38. Gur RC, Gur RE, Obrist WD, Skolnick BE, Reivich M. Age and regional cerebral blood flow at rest and during cognitive activity. Archives of General Psychiatry, 1987, 44, 617-621.
39. Gur RC, Gur RE, Resnick SM, Skolnick BE, Alavi A, Reivich M. The effect of anxiety on cortical cerebral blood flow and metabolism. Journal of Cerebral Blood Flow and Metabolism, 1987, 7, 173-177.
40. Knight H, Millman RP, Gur RC, Saykin AJ, Doherty JU, Pack AI. Clinical significance of sleep apnea in the elderly. American Review of Respiratory Disease, 1987, 136, 845-850.
41. Gur RC, Gur RE, Silver FL, Obrist WD, Skolnick BE, Kushner M, Hurtig HI, Reivich M. Regional cerebral blood flow in stroke: hemispheric effects of cognitive activity. Stroke, 1987, 18, 776-780.
42. Warach S, Gur RC, Gur RE, Skolnick BE, Obrist WD, Reivich M. The reproducibility of the Xe-133 inhalation technique in resting studies: task order and sex related effects in healthy young adults. Journal of Cerebral Blood Flow and Metabolism, 1987, 7, 702-708.
43. Trivedi SS, Gur RC. Computer graphics for neuropsychological data. Proceedings of the National Computer Graphics Association, 1987, 3, 22-32.
44. Gur RC, Gur RE, Skolnick BE, Resnick SM, Silver FL, Chawluk JB, Muenz L, Obrist WD, Reivich M. Effects of task difficulty on regional cerebral blood flow: relationships with anxiety and performance. Psychophysiology, 1988, 25, 392-399.
45. Schmidt ML, Gur RE, Gur RC, Trojanowski JQ. Intraneuronal and extracellular neurofibrillary tangles exhibit mutually exclusive cytoskeletal antigens. Annals of Neurology, 1988, 23, 184-189.
46. Resnick SM, Gottlieb GL, Gur RE, Gur RC, Forciea MA, Zimmerman RA, Malamut B, Saykin AJ, Reivich M, Alavi A. Identical twins with probable Alzheimer's Disease: behavior, anatomy and physiology. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 61-72.
47. Gur RC, Trivedi SS, Saykin AJ, Gur RE. "Behavioral imaging" - a procedure for analysis and display of neuropsychological test scores: I. Construction of algorithm and initial clinical evaluation. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 53-60.
48. Gur RC, Saykin AJ, Blonder LX, Gur RE. "Behavioral imaging": II. Application of the quantitative algorithm to hypothesis testing in a population of hemiparkinsonian patients. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 87-96.
49. Gottlieb GL, McAllister TW, Gur RC. Depot neuroleptics in the treatment of behavioral disorders in patients with Alzheimer's disease. Journal of the American Geriatric Society,

1988, 36, 619-621.

50. Gottlieb GL, Gur RE, Gur RC. Reliability of psychiatric scales in patients with DAT. American Journal of Psychiatry, 1988, 145, 857-860.
51. Resnick SM, Gur RE, Alavi A, Gur RC, Reivich M. Positron emission tomography and subcortical glucose metabolism in schizophrenia. Psychiatry Research, 1988, 24, 1-11.
52. Trope I, Rozin P, Gur RC. Validation of the lateral limits technique with a callosotomy patient. Neuropsychologia, 1988, 26, 673-684.
53. Blonder LX, Gur RE, Gur RC. The effects of right and left hemiparkinsonism on prosody. Brain and Language, 1989, 36 193-207.
54. Trivedi SS, Gur RC. Topographic mapping of cerebral blood flow and behavior. Computers in Biology and Medicine, 1989, 19, 219-229.
55. Blonder LX, Gur RE, Gur RC, Saykin AJ, Hurtig HI. Neuropsychological functioning in hemiparkinsonism. Brain and Cognition, 1989, 9, 177-190.
56. Saykin AJ, Gur RC, Sussman NM, Gur RE. Memory deficits before and after temporal lobectomy: Effect of laterality and age of onset. Brain and Cognition, 1989, 9, 191-200.
57. Gur RE, Resnick SM, Gur RC. Laterality and frontality of cerebral blood flow and metabolism in schizophrenia: relationship to symptom specificity. Psychiatry Research, 1989, 27, 325-334.
58. Trojanowski JQ, Schmidt ML, Otvos L, Gur RC, Gur RE, Hurtig H, Lee VMY. Selective expression of epitopes in multi-phosphorylation repeats of the high and middle molecular weight neurofilament proteins in alzheimer neurofibrillary tangles. Annals of Medicine, 1989, 21, 113-116.
59. Erwin RJ, Mawhinney-Hee M, Gur RC, Gur RE. Effects of task and gender on EEG indices of hemispheric activation: similarities to previous rCBF findings. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 1989, 2, 248-260.
60. Sperling MR, Gur RC, Alavi A, Gur RE, Resnick S, Oconnor MJ, Reivich M. Subcortical Metabolic Alterations in Partial Epilepsy. Epilepsia, 1990, 31, 145-155.
61. Gur RC, Saykin AJ, Benton A, Kaplan E, Levin H, Kester DB, Gur RE. "Behavioral imaging": III. Inter-rater agreement and reliability of weightings. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 1990, 3, 113-124.
62. Gur RE, Gur RC. Gender differences in regional cerebral blood flow. Schizophrenia Bulletin, 1990, 16, 247-254.
63. Stafiniak P, Saykin AJ, Sperling MR, Kester DB, Robinson LJ, O'Connor MJ, Gur RC. Acute naming deficits following dominant temporal lobectomy: prediction by age at first risk for seizures. Neurology, 1990, 40, 1509-1512.

64. Gur RE, Gur RC, Saykin AJ. Neurobehavioral studies in schizophrenia: implications for regional brain dysfunction. Schizophrenia Bulletin, 1990, 16, 445-451.
65. Gur RC, Saykin AJ, Muenz LR, Trivedi S, Gur RE. Response to Yeo et al.'s critique of behavioral imaging. Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 1990, 3, 304-312.
66. Kohn MI, Tanna NK, Herman GT, Resnick SM, Mozley PD, Gur RE, Alavi A, Zimmerman RA, Gur RC. Analysis of brain and CSF volumes from magnetic resonance imaging: methodology, reliability and validation. Radiology, 1991, 178, 115-122.
67. Gur RE, Mozley D, Resnick SM, Levick S, Erwin R, Saykin A, Gur RC. Relations among clinical scales in schizophrenia: overlap and subtypes. American Journal of Psychiatry, 1991, 148, 472-478.
68. Gur RC, Mozley PD, Resnick SM, Gottlieb GE, Kohn M, Zimmerman R, Herman G, Atlas S, Grossman R, Berretta D, Erwin R, Gur RE. Gender differences in age effect on brain atrophy measured by magnetic resonance imaging. Proceedings for the National Academy of Sciences, 1991, 88, 2845-2849.
69. Gur RE, Mozley PD, Resnick SM, Shtasel D, Kohn M, Zimmerman R, Herman G, Atlas S, Grossman R, Erwin R, Gur RC. Magnetic resonance imaging in schizophrenia: I. Volumetric analysis of brain and cerebrospinal fluid. Archives of General Psychiatry, 1991, 48, 407-412.
70. Saykin AJ, Gur RC, Gur RE, Mozley D, Mozley LH, Resnick SM, Kester DB, Stafiniak P. Neuropsychological function in schizophrenia: selective impairment in memory and learning. Archives of General Psychiatry, 1991, 48, 618-624.
71. Reinecke LJ, Kester DB, Saykin AJ, Kaplan EF, Gur RC. Comparison of two short forms of the Wisconsin Card Sorting Test. Archives of Clinical Neuropsychology, 1991, 6, 27-33.
72. Kester DB, Saykin AJ, Sperling MR, O'Connor MJ, Robinson LJ, Gur RC. Acute effect of anterior temporal lobectomy on musical processing. Neuropsychologia, 1991, 29, 703-708.
73. Shtasel DL, Gur RE, Mozley PD, Richards J, Taleff MM, Heimberg C, Gallacher F, Gur RC. Volunteers for biomedical research: recruitment and screening of normal controls. Archives of General Psychiatry, 1991, 48, 1022-1025.
74. Erwin RJ, Mawhinney-Hee M, Gur RC, Gur RE. Midlatency auditory evoked responses in schizophrenia. Biological Psychiatry, 1991, 30, 430-442.
75. Trope I, Rozin P, Kemler Nelson D, Gur RC. Information processing in the separated hemispheres of callosotomy patients: does the analytic-holistic dichotomy hold? Brain and Cognition, 1992, 19, 123-147.
76. Gur RE, Gur RC. Neurotransmitters are important, but so is metabolism. Neuropsychopharmacology, 1992, 7, 63-65.

77. Malamut BL, Graff-Radford N, Chawluk J, Grossman RI, Gur RC. Memory in a case of bilateral thalamic infarction. Neurology, 1992, 42:163-169.
78. Warach S, Gur RC, Gur RE, Skolnick BE, Obrist WD, Reivich M. Decreases in frontal and parietal lobe regional cerebral blood flow related to habituation. Journal of Cerebral Blood Flow and Metabolism, 1992, 12, 546-553.
79. Gur RC, Erwin RJ, Gur RE. Neurobehavioral probes for physiologic neuroimaging studies. Archives of General Psychiatry, 1992, 49, 409-414.
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None.

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31. Gur RC, Moberg PJ, Gur RE. Aging and cognitive functioning. In R. Lavizzo-Mourey, M. Forcica (eds.), Geriatric Secrets, 1996, 26, 126-129. 3rd Edition in press.
32. Gur RE, Gur RC. Blood flow and metabolism in schizophrenia. In R. Mathew (ed.), Cerebral Blood Flow in Neuropsychiatric Disorders. Great Neck, NY: PMA Publishing Corp., in press.
33. Gur RE, Gur RC. Schizophrenia: Brain Structure and Function. In H.I. Kaplan, B.J. Sadock (eds.), Comprehensive Textbook of Psychiatry/VII, Philadelphia: Lippincott Williams & Wilkins, 2000.
34. Gur RC, Cowell P, Gur RE. Gender Differences in Neuropsychological Testing. To appear in L.J. Dickstein, B.L. Kennedy (eds.), Gender Differences in the Brain: Linking Biology to Psychiatry. New York: Guilford Publications, Inc.
35. Gur, R.C., Moelter, S.T., Ragland, JD. "Learning and memory in schizophrenia". In, Sharma, T., & Harvey, P. (Eds.), Cognition in Schizophrenia. Oxford University Press: Oxford, G.B., 1999.
36. Gur RC, Gur RE. Neuroimaging applications in the elderly. American Journal of Geriatric Psychiatry, 2002, 10, 5-11.
37. Gutierrez, JM and Gur, RC. A computerized forced-choice method for detection of malingering. in: CR Reynolds (Editor) Detection of During Head Injury Litigation (Critical Issues in Neuropsychology). New York: Planum 1998.

COMMENTARIES:

1. Gur RC. Measuring hypnotic susceptibility: A guest editorial. American Journal of Clinical Hypnosis, 1979, 21, No. 2 and 3, (October 1978/January 1979). (Two issues devoted to the psychometrics of hypnotizability, edited by RC Gur).
2. Gur RE, Gur RC. A note on Levick and Voneida: Eye movements in schizophrenics vs. normal subjects. Archives of General Psychiatry, 1979, 36, 493-494.
3. Sackeim HA, Gur RC. Asymmetry in facial expression. Science, 1980, 209, 834-836.
4. Sackeim HS, Gur RC. Voice recognition and the ontological status of self-deception. Journal of Personality and Social Psychology, 1985, 48, 1365-1368.
5. Gur RE, Skolnick BE, Gur RC. Gruzelier's "reconsideration" considered. (Response to J. Gruzelier's reconsideration of Gur et al [1983] conclusions). Archives of General Psychiatry, 1985, 42, 633.
6. Saykin AJ, Gur RC. A review of Neuropsychological Assessment of Neuropsychiatric

Disorders. In I. Grant, K.M. Adams (eds.), New York, Oxford University Press, 1986.

7. Gur RC. Do we have a research method for studying self reports? A review of A. Giorgi (ed.), Phenomenology and psychological research. Contemporary Psychology: A Journal of Reviews, 1987, 32, 547-548.
8. Nasrallah HA, Mitchell AJ, Gur RE, Gur RC, Turetsky BI, Cannon TD, Mozley PD. Brain and CSF Volume Differences in Schizophrenic Subtypes. American Journal of Psychiatry, 1995, 152, 817-818.
9. Gur RC, Gur RE. Hypofrontality in schizophrenia: RIP. The Lancet, 1995, 345, 1383-1384.
10. Lenkinsky RE & Gur RC. MRS: A novel tool for studying brain function. Contemporary Psychology: A Journal of Reviews, 1997, 42, 351-352.
11. Moberg, P.J., Doty, R.L., Turetsky, B.I., Arnold, S.E., Mahr, R.N., Gur, R.C., Bilker, W., & Gur, R.E. . Olfactory identification abilities deteriorate in patients with schizophrenia, even for those with relatively recent onset [letter; reply]. American Journal of Psychiatry, 1998, 155, 1463-1464.
12. Gur RC & McBride, T. Toward a unitary description of neuropsychological functions: a review of Handbook of Clinical and Experimental Neuropsychology Edited by Gianfranco Denes and Luigi Pizzamiglio. Contemporary Psychology, 2000, 45, 682-683.

BOOKS:

Gur RE, Andreasen NA, Asarnow R, Gur RC, Jones P, Kendler K, Matcheri K, Lieberman J, McCarley R, Murray R, Rapoport J, Tamminga C, Tsuang M, Walker E, Weinberger D. Commission on Schizophrenia. In D.L. Evans, E. Foa, R.E. Gur, H. Hendrin, C. O'Brien, M. Seligman, B.T. Walsh, (Eds), Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know. New York: Oxford University Press, The Annenberg Foundation Trust at Sunnylands, and the Annenberg Public Policy Center of the University of Pennsylvania, 2005.

PATENT:

Gur RC, Gur RE, Trivedi SS. "Behavioral Imaging: Topographic Display of Neuropsychological Data, U.S. Patent No. 4862359.

ATTACHMENT B

UNIVERSITY OF PENNSYLVANIA - SCHOOL OF MEDICINE
Curriculum Vitae

Date: Decamber 2008

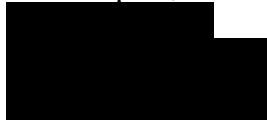
Ruben C. Gur, Ph.D.

HOME ADDRESS:



OFFICE ADDRESS:

Brain Behavior Laboratory
Department of Psychiatry
10 Gates Building
University of Pennsylvania
Philadelphia, PA 19104-4283



<u>EDUCATION:</u>	1967-70	B.A. Hebrew University of Jerusalem
	1970-71	M.A. Michigan State University
	1971-73	Ph.D. Michigan State University
	1973-74	Postdoctoral Fellowship, Stanford University

POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS:

Doctorate:	1971	NIMH Summer Traineeship, Psychiatric Clinic Oakland County Juvenile Court Pontiac, Michigan
	1971-72	Psychology Internship, Psychiatric Clinic State Prison of Southern Michigan Jackson, Michigan
	1972-73	Psychology Internship, Counseling Center Michigan State University East Lansing, Michigan
Postdoctorate:	1973-74	Research Associate, Department of Psychology Stanford University, Stanford, California
	1974-76	Postdoctorate supervised clinical experience Department of Psychiatry University of Pennsylvania

<u>MILITARY SERVICE:</u>	1965-67	Israeli Defense Forces
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FACULTY APPOINTMENTS:

- | | |
|--------------|--|
| 1974-81 | Assistant Professor
Department of Psychology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1981-84 | Research Associate Professor of Psychology
in Neurology and Psychiatry
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1984-88 | Associate Professor of Psychology in
Psychiatry and Neurology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1988-Present | Professor of Psychology in Psychiatry,
Neurology and Radiology
University of Pennsylvania School of Medicine
Philadelphia, PA |

HOSPITAL AND ADMINISTRATIVE APPOINTMENTS:

- | | |
|--------------|---|
| 1974-81 | Supervisor, Clinical Training Program
Department of Psychology
University of Pennsylvania School of Medicine
Philadelphia, PA |
| 1982-84 | Director of Neuropsychology
Department of Neurology
The Graduate Hospital
Philadelphia, PA |
| 1984-Present | Director of Neuropsychology and the
Brain Behavior Laboratory,
Department of Psychiatry
Hospital of the University of Pennsylvania
Philadelphia, PA |
| 2005-Present | Director of the Center for Neuroimaging in Psychiatry
Department of Psychiatry
Hospital of the University of Pennsylvania
Philadelphia, PA |
| 2005-Present | Staff Psychologist
Philadelphia Veterans Administration Hospital |

Philadelphia, PA

BOARD SPECIALTY CERTIFICATION:

Diplomate in Clinical Neuropsychology
American Board of Professional Psychology

LICENSURE: Licensed Psychologist, Commonwealth of Pennsylvania

AWARDS, HONORS AND MEMBERSHIP IN HONORARY SOCIETIES:

Erickson Award for Scientific Excellence for Writing in Hypnosis
NARSAD Distinguished Investigator Award
Member, Sigma Xi
Elected to Fellow status, National Academy of Neuropsychologists, 1986
Elected to Fellow status, American Psychological Association, Divisions 6 & 30, 1987
Recipient of 1990 Stephen V. Logan Award, National Alliance for the Mentally Ill (NAMI)
Elected to Fellow status, The American Psychological Society, 1992

MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES:

American Psychological Association, FELLOW
American Psychological Society, FELLOW
American College of Neuropsychopharmacology
The John Morgan Society
American Association for the Advancement of Science
International Neuropsychological Society
National Academy of Neuropsychologists
The New York Academy of Science
International Society for Neuroimaging in Psychiatry

EDITORIAL/ADVISORY POSITIONS:

Member, NIH Study Section on Clinical Neuroscience and Biological Psychopathology (1993-1996)
Editorial Board: Archives of Clinical Neuropsychology (1985-1997), Journal of Mental Imagery (1984-present), Brain and Cognition (1989-present), Brain and Language (1990-present), Brain Imaging and Behavior (1994-present; founding member), Social Neuroscience (founding member). Consultant to Panel on Neurological Aspects of Behavior: Development of a National Research Strategy for NIH (1979) Schizophrenia Research (2004-present)
Advisory Board: The Greenwall Initiative on Imaging and Treating the Human Brain: Ethical and Social Implications. The Center for Bioethics, University of Pennsylvania; Institute for Strategic Threat Analysis and Response (ISTAR), University of Pennsylvania, (2002-)
The Conte Center on the Neurobiology of Suicide, Columbia University (J Mann, MD, PI), Boston Center for Intervention Development and Applied Research (CIDAR is a NIMH-sponsored program project, "Vulnerability to Progression in Schizophrenia").

Action Editor: Brain and Cognition (2002-present)

ACADEMIC COMMITTEES AT THE UNIVERSITY OF PENNSYLVANIA:

1975-1977 Admissions Committee, Psychology Department
 1984-1994 Research Committee, Psychiatry Department
 1984-1987 Computer Task Force, Psychiatry Department
 1984-1988 Chairman's Council for Planning and Development, Psychiatry Department
 1990-1992 Senate Committee on Academic Freedom and Responsibility
 1996-1998 Search Committee for Chair of Radiology
 2000-2002 Search Committee for fMRI Physicist
 1999-Present University Scholars Council

MAJOR TEACHING & CLINICAL RESPONSIBILITIES AT THE UNIVERSITY OF PENNSYLVANIA:

A. Teaching:

1. Co-founder and Advisor, Biological Basis of Behavior Undergraduate Major program.
2. Supervisor of postdoctoral Fellows (NIMH Training Grant) and doctoral students
3. Member of dissertation committees.
4. Rounds and teaching conferences for Psychiatry residents and Neuropsychology Fellows
5. Supervisor of undergraduate Honors theses.

B. Clinical:

1. Director of Neuropsychology, Department of Psychiatry, Hospital of the University of Pennsylvania
2. Supervisor of interns and practicum students in neuropsychology.
3. Director of Forensic Neuropsychiatry Center.

PRESENTATIONS & LECTURES BY INVITATION: (Outside Philadelphia, Past 5 years)

March 4, 2002. "Imaging Studies of Emotion Processing Examining the Effects of Age, Gender, and Disease." University of Iowa School of Medicine, Research Seminar, Iowa City, IA

March 5, 2002. "Behavioral and Neurobiologic Markers of Brain Dysfunction and Genetic Vulnerability to Schizophrenia." University of Iowa School of Medicine, Grand Rounds. Iowa City, IA

April 14, 2002. "The Neurobiology of Sex Differences in the Symptoms and Course of Schizophrenia" Advocates for the Jewish Mentally Ill, Wynnewood, PA

May 5, 2002. "The Science of Deceit: The Polygraph and its Progeny" Judicial In Service Training, Washington D.C.

May 22, 2002. "Functional and Structural Imaging Studies of Emotion Processing" Massachusetts General Hospital, Grand Rounds, Charlestown, MA

Oct 10, 2002. "What to do About Girls, Boys and Brains: Sex Differences From Phylogeny to

Ontogeny" CAIS Commission of Women in Independent School's Annual Conference, Farmington, CT

Oct 23, 2002. "Neurobehavioral Measures as Endophenotypic Markers in Schizophrenia" State University of New York, Grand Rounds, Albany, NY

November 1, 2002 "Sex Differences in Learning" Learning and the Brain Conference, Cambridge, MA

November 2, 2002 "Imaging and Other Brain Function Issues" The Third National Seminar on Mental Health and the Criminal Law, Atlanta, GA

November 29, 2002 "Integration of Behavior, Anatomy and Physiology in the Search for Neural Substrates of Cognitive and Emotion Processing in Healthy People" 12th Australian Society for Psychophysiology Conference. University of Sydney, Australia

November 8, 2002 "Bio-Cognitive Aspects of Schizophrenia" Psychology Senior Seminar, Haverford College, Haverford, PA

January 15, 2003 "Adolescent Brain Development, Executive Functions, and Culpability" American Bar Association, Washington, D.C.

February 14, 2003 "Neural Substrates of Emotion Processing" Psychiatric Research Society, Park City, Utah

May 12, 2003 "The New Era of Neuropsychology; Neural Systems Probed Behaviorally and with Imaging" Mayo Clinic, Rochester, Minnesota

May 29, 2003 "Cognitive Impairment in Schizophrenia" 43rd Annual New Clinical Drug Evaluation Unit, Boca Raton, FL

September 21, 2003 "The Measurement of Emotion Processing: Exploring the Dark Side of the Moon" 3rd US-Korean Workshop on Psychiatric Genetics, Seoul, Korea

November 29, 2003 Neuroimaging studies in schizophrenia". Keynote to Symposium: Kognitive Störungen bei schizophrenen Erkrankungen III: Negative and positive symptoms in schizophrenia - models, methods and results. Ruhr-Universität Bochum Internationales Begegnungszentrum, Bochum, Germany.

December 11, 2003 "Developmental Differences Between Adolescents and Adults" Illinois Juvenile Justice Symposium, Chicago, Illinois.

February 11, 2004 "Information Processing in Schizophrenia: an fMRI study" Psychiatric Research Society, Park City, Utah.

February 25, 2004 "Implications of New Brain Imaging Research to Criminal Culpability of Adolescents" Briefing on Adolescent Development, National Press Club, Washington D.C.

March 9, 2004 "Facial Recognition as an Endophenotypic Marker in Autism" NIH sponsored

Autism Genetics In the Pacific Rim, University of California - Los Angeles Medical Center.
Los Angeles, California.

April 1, 2004 “Teaching Science to Myelinating and Pruning Brains Constructed During the Middle Pleistocene Epoch: The Challenge of Dealing with Brain Maturation in Boys and Girls.” NSTA, National Science Teachers Association, Atlanta, Georgia.

May 21st, 2004 “Using Brain Research in Juvenile Representation” Southwest Regional Juvenile Defender Center’s (SWJDC) 2004 Regional Summit, Zealous Advocacy = Best Interests, Houston, Texas.

June 17th, 2004 “Research in Family Schizophrenia” Harrisburg State Hospital, Harrisburg, Pennsylvania.

June 21, 2004 “Psychopharmacology of Emotions” 24th Annual Collegium Internationale Neuro-Psychopharmacologicum (CINP) Congress-Paris. Paris, France.

June 23, 2004 “Endophenotypic Measures in Brain Behavior Studies in Schizophrenia” Bordeaux University, Bordeaux, France.

July 24, 2004 “The Developing Brain and the Technology That Let’s Us See It” 25th Annual Capital Punishment Training Conference, Warrenton, Virginia.

September 16, 2004 “Are Sex Differences in Brain Anatomy and Physiology Related to Sex Differences in Emotion Regulation, Personality, and Aggression?” Sex, Brain and Human Aggression Conference, Delmenhorst, Germany.

October 18, 2004 “Recent Discoveries of Cognitive Neuroscience Using Brain Imaging” Brain Imaging and the Cognitive Sciences Conference, Washington, D.C.

April 2, 2005 “Episodic Memory and Affective Processing in Schizophrenia” The 7th Biennial Mt. Sinai Conference on Cognition in Schizophrenia, Savannah, GA.

April 11, 2005 “Brain Development and its Relevance to the Juvenile Death Penalty” Cornell Law School; Prof Blume’s class, Ithaca, NY.

April 11, 2005 “Aggression and Deception: Some Legal Implications of Recent Advances in Neuroimaging and Neuroscience, Cornell Law School, Ithaca, NY.

April 22, 2005 “Understanding Brain Development” The National Seminar on the Development and Integration of Mitigation Evidence, Salt Lake City, UT.

April 22, 2005 “Schizophrenia: The Positive and Negative Symptoms” The National Seminar on the Development and Integration of Mitigation Evidence, Salt Lake City, UT.

August 18, 2005 “Emotion: The Unwelcome Guest at the Cognitive Party” Ben Gurion University of the Negev, Beersheva, Israel.

September 10, 2005 “Brain 101: Knowing Brain Development, Function and Disorder can Save

Your Client's Life." Florida Public Defenders Association: Life Over Death Conference, Orlando, FL.

November 18, 2005 "The Developing Adolescent Brain" OPD, Capital Defense Division Capital Training Seminar, Baltimore, MD.

November 28, 2005 "Emotion: The Dark Side of Cognition. Insights from Neuroimaging Studies in Men and Women" University of Delaware, Newark, DE.

November 28, 2005 "Verify with MRI? Functional Imaging in the Context of Lie Detection." University of Delaware, Newark, DE.

February 10, 2006 "A Slice of Emotions: Neurobehavioral and (thinly sliced) fMRI Studies" Psychiatric Research Society Annual Meeting, Park City, UT.

April 7, 2006. "The Developing Brain: Judgement and Impulse Control" Indigent Criminal Defense: Advanced Skills for the Experienced Practitioner Conference, Richmond, VA.

July 12, 2006. "Sex Differences in Cerebral Function and Morphology in Mental Illness" CINP Symposium, Chicago, IL.

August 25, 2006. "Brain Structure and Function: New Frontiers. 11th Annual Federal Habeas Corpus Center, Pittsburgh, PA.

August 31, 2006. "Neuroimaging in the Study of Cognition and Emotion" Astra Zeneca, Wilmington, DE.

September 15, 2006. "Imaging in Schizophrenia" The International Symposium on Schizophrenia, Gottingen Research Association for Schizophrenia, Gottingen, Germany.

September 29, 2006 "The Inherent Mitigation of Youth: Brain Development in Adolescents and Young Adults. Making the Case for Life Conference, Las Vegas, NV.

November 13, 2006 "Brain Behavior Relationship of Normal and Disturbed Emotions in Schizophrenia and Autism" DFG International Research Training Group, Aachen University, Aachen, Germany.

April 20, 2007 "Gender Differences in Cerebral Function and Morphology in Normal Subjects. Advances in Neuroscience Conference, Napoli, Italy.

October 6, 2007 "Brain Function, Gender and Age" ASTAR National Judges' Science School. Baltimore, MD.

October 11, 2007 "Neurobiology of Sex Differences: Potential Relevance to Women in Science" Women's Leadership Board Meeting, Cambridge, MA.

November 16, 2007 "Brain Imaging" Ohio Association of Criminal Defense Lawyers. Columbus, Ohio.

April 2, 2008 "Cutting Edge Neuroscience" Capital Habeas Corpus Unit Conference, Fort Lauderdale, FL.

November 7, 2008 "Some Advances in Cognitive and Affective Neuroscience with Potential Legal Relevance: Neuroimaging of Brain and Behavior" Institute for Social Science Faculty Fellows and Law faculty, Cornell University, Ithaca, New York

November 8, 2008 "Brain Development in Healthy and Vulnerable Populations: Lessons from Neuroimaging and Behavioral Measures", Joint Human Development, Psychology and Center for Behavioral Economics and decision Science Colloquium, Cornell University, Ithaca, New York

Nov. 19, 2008 "Is fear special? Studies on the affective neuroscience of schizophrenia" Grand Rounds at University of Illinois in Chicago, Department of Psychiatry, Chicago, Illinois

ORGANIZING ROLES IN SCIENTIFIC MEETINGS: None.

BIBLIOGRAPHY:

Research Publications, peer reviewed:

1. Alexander LT, Gur RC, Gur RE, Patterson L. Peer assisted learning. Improving Human Performance Quarterly, 1974, 3, 175-186.
2. Gur RC, Gur RE. Handedness, sex and eyedness as moderating variables in the relation between hypnotic susceptibility and functional brain asymmetry. Journal of Abnormal Psychology, 1974, 83, 635-643.
3. Gur RC. An attention-controlled operant procedure for enhancing hypnotic susceptibility. Journal of Abnormal Psychology, 1974, 83, 635-643.
4. Gur RE, Gur RC, Marshalek B. Classroom seating and functional brain asymmetry. Journal of Educational Psychology, 1975, 67, 151-153.
5. Gur RC, Hilgard ER. Visual imagery and discrimination of differences between altered pictures simultaneously and successively presented. British Journal of Psychology, 1975, 66, 341-345.
6. Gur RE, Gur RC. Defense mechanisms, psychosomatic symptomatology and conjugate lateral eye movements. Journal of Consulting and Clinical Psychology, 1975, 43, 416-420.
7. Gur RE, Gur RC, Harris LJ. Cerebral activation, as measured by subject's lateral eye movements, is influenced by experimenter location. Neuropsychologia, 1975, 13, 35-44.
8. Gur RC, Sackeim HA, Gur RE. Classroom seating and psychopathology: some initial data. Journal of Abnormal Psychology, 1976, 85, 122-124.
9. Gur RC, Reyher J. The enhancement of creativity via free imagery and hypnosis.

- American Journal of Clinical Hypnosis, 1976, 85, 237-249.
10. Sackeim HA, Packer IK, Gur RC. Hemisphericity, cognitive set and susceptibility to subliminal perception. Journal of Abnormal Psychology, 1977, 86, 624-630.
 11. Gur RE, Gur RC. Sex differences in the relations among handedness, sighting-dominance and eye acuity. Neuropsychologia, 1977, 15, 585-590.
 12. Sackeim HA, Gur RC, Saucy MC. Emotions are expressed more intensely on the left side of the face. Science, 1978, 202, 434-436.
 13. Gur RC, Sackeim HA. Self-confrontation and psychotherapy. Psychotherapy: Theory, Research and Practice, 1978, 15, 258-265.
 14. Sackeim HA, Gur RC. Lateral asymmetry in intensity of emotional expression. Neuropsychologia, 1978, 16, 473-481.
 15. Sackeim HA, Gur RC. Self-deception, other-deception, and self-reported psychopathology. Journal of Consulting and Clinical Psychology, 1979, 47, 213-215.
 16. Gur RC, Sackeim HA. Self-deception: A concept in search of a phenomenon. Journal of Personality and Social Psychology, 1979, 37, 147-169.
 17. Sackeim HA, Nordlie JW, Gur RC. A model of hysterical and hypnotic blindness: cognition, motivation and awareness. Journal of Abnormal Psychology, 1979, 88, 474-489.
 18. Gur RC, Reivich M. Cognitive task effects on hemispheric blood flow in humans: evidence for individual differences in hemispheric activation. Brain and Language, 1980, 9, 78-92.
 19. Gur RC, Packer IK, Hungerbuhler JP, Reivich M, Obrist WD, Amarnek WS, Sackeim HA. Differences in the distribution of gray and white matter in human cerebral hemispheres. Science, 1980, 207, 1226-1228.
 20. Sackeim HA, Greenberg MS, Weiman AL, Gur RC, Hungerbuhler JP, Geschwind N. Hemispheric asymmetry in the expression of positive and negative emotions: Neurological Evidence. Archives of Neurology, 1982, 39, 210-218.
 21. Gur RC, Sussman NM, Alavi A, Gur RE, Rosen AD, O'Connor M, Goldberg HI, Greenberg JH, Reivich M. Positron emission tomography in two cases of childhood epileptic encephalopathy (Lennox-Gastaut Syndrome). Neurology, 1982, 32, 1191-1194.
 22. Gur RC, Gur RE, Obrist WD, Hungerbuhler JP, Younkin D, Rosen AD, Skolnick BE., Reivich M. Sex and handedness differences in cerebral blood flow during rest and cognitive activity. Science, 1982, 217, 659-661.
 23. Sussman NM, Gur RC, Gur RE, O'Connor MJ. Mutism as a consequence of callosotomy. Journal of Neurosurgery, 1983, 59, 514-519.
 24. Gur RC, Gur RE, Rosen AD, Warach S, Alavi A, Greenberg J, Reivich M. A cognitive-

- motor network demonstrated by positron emission tomography. Neuropsychologia, 1983, 21, 601-606.
25. Natale M, Gur RE, Gur RC. Hemispheric asymmetries in processing emotional expressions. Neuropsychologia, 1983, 21, 555-565.
 26. Reivich M, Gur RC, Alavi A. Positron emission tomography studies of sensory stimuli, cognitive processes and anxiety. Human Neurobiology, 1983, 2, 25-33.
 27. Gur RE, Skolnick BE, Gur RC, Caroff S, Rieger W, Obrist WD, Younkin D, Reivich M. Brain function in psychiatric disorders: I. Regional cerebral blood flow in medicated schizophrenics. Archives of General Psychiatry, 1983, 40, 1250-1254.
 28. Gur RE, Gur RC, Sussman NM, O'Connor MJ, Vey MM. Hemispheric control of the writing hand: The effect of callosotomy in a left-hander. Neurology, 1984, 34, 904-908.
 29. Reivich M, Alavi A, Gur RC. Positron emission tomographic studies of perceptual tasks. Annals of Neurology, 1984, 15, 61-65 (Supplement).
 30. Gur RE, Skolnick BE, Gur RC, Caroff S, Rieger W, Obrist WD, Younkin D, Reivich M. Brain function in psychiatric disorders: II. Regional cerebral blood flow in medicated depressives. Archives of General Psychiatry, 1984, 41, 695-699.
 31. Younkin D, Hungerbuhler JP, O'Connor M, Goldberg H, Burke A, Kushner M, Hurtig H, Obrist W, Gordon J, Gur RC, Reivich M. Superficial temporal-middle cerebral artery anastomosis: Effects on vascular, neurologic, and neuropsychological functions. Neurology, 1985, 35, 462-469.
 32. Gur RE, Gur RC, Skolnick BE, Caroff S, Obrist WD, Resnick S, Reivich M. Brain function in psychiatric disorders: III. Regional cerebral blood flow in unmedicated schizophrenics. Archives of General Psychiatry, 1985, 42, 329-334.
 33. Trivedi SS, Gur RC, Gur RE, Skolnick BE, Obrist WD, Reivich M, Herman GT. Imaging regional cerebral blood flow measured by the 133-Xenon technique. rCBF Bulletin, 1986, 9, 175-178.
 34. Stern MB, Gur RC, Saykin AJ, Hurtig HI. Dementia of Parkinson's disease and Alzheimer's disease: Is there a difference? Journal of the American Geriatrics Society, 1986, 34, 475-478.
 35. Gur RE, Resnick SM, Alavi A, Gur RC, Caroff S, Dann R, Silver F, Saykin AJ, Chawluk JB, Kushner M, Reivich M. Regional brain function in schizophrenia: I. A positron emission tomography study. Archives of General Psychiatry, 1987, 44, 119-125.
 36. Gur RE, Resnick SM, Gur RC, Alavi A, Caroff S, Dann R, Silver F, Saykin AJ, Chawluk JB, Kushner M, Reivich M. Regional brain function in schizophrenia: II. Repeated evaluation with positron emission tomography. Archives of General Psychiatry, 1987, 44, 126-129.

37. Trope I, Fishman B, Gur RC, Sussman NM, Gur RE. Contralateral and ipsilateral control of fingers following callosotomy. Neuropsychologia, 1987, 25, 287-291.
38. Gur RC, Gur RE, Obrist WD, Skolnick BE, Reivich M. Age and regional cerebral blood flow at rest and during cognitive activity. Archives of General Psychiatry, 1987, 44, 617-621.
39. Gur RC, Gur RE, Resnick SM, Skolnick BE, Alavi A, Reivich M. The effect of anxiety on cortical cerebral blood flow and metabolism. Journal of Cerebral Blood Flow and Metabolism, 1987, 7, 173-177.
40. Knight H, Millman RP, Gur RC, Saykin AJ, Doherty JU, Pack AI. Clinical significance of sleep apnea in the elderly. American Review of Respiratory Disease, 1987, 136, 845-850.
41. Gur RC, Gur RE, Silver FL, Obrist WD, Skolnick BE, Kushner M, Hurtig HI, Reivich M. Regional cerebral blood flow in stroke: hemispheric effects of cognitive activity. Stroke, 1987, 18, 776-780.
42. Warach S, Gur RC, Gur RE, Skolnick BE, Obrist WD, Reivich M. The reproducibility of the Xe-133 inhalation technique in resting studies: task order and sex related effects in healthy young adults. Journal of Cerebral Blood Flow and Metabolism, 1987, 7, 702-708.
43. Trivedi SS, Gur RC. Computer graphics for neuropsychological data. Proceedings of the National Computer Graphics Association, 1987, 3, 22-32.
44. Gur RC, Gur RE, Skolnick BE, Resnick SM, Silver FL, Chawluk JB, Muenz L, Obrist WD, Reivich M. Effects of task difficulty on regional cerebral blood flow: relationships with anxiety and performance. Psychophysiology, 1988, 25, 392-399.
45. Schmidt ML, Gur RE, Gur RC, Trojanowski JQ. Intraneuronal and extracellular neurofibrillary tangles exhibit mutually exclusive cytoskeletal antigens. Annals of Neurology, 1988, 23, 184-189.
46. Resnick SM, Gottlieb GL, Gur RE, Gur RC, Forciea MA, Zimmerman RA, Malamut B, Saykin AJ, Reivich M, Alavi A. Identical twins with probable Alzheimer's Disease: behavior, anatomy and physiology. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 61-72.
47. Gur RC, Trivedi SS, Saykin AJ, Gur RE. "Behavioral imaging" - a procedure for analysis and display of neuropsychological test scores: I. Construction of algorithm and initial clinical evaluation. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 53-60.
48. Gur RC, Saykin AJ, Blonder LX, Gur RE. "Behavioral imaging": II. Application of the quantitative algorithm to hypothesis testing in a population of hemiparkinsonian patients. Neuropsychiatry, Neuropsychology and Behavioral Neurology, 1988, 1, 87-96.
49. Gottlieb GL, McAllister TW, Gur RC. Depot neuroleptics in the treatment of behavioral disorders in patients with Alzheimer's disease. Journal of the American Geriatric Society,

1988, 36, 619-621.

50. Gottlieb GL, Gur RE, Gur RC. Reliability of psychiatric scales in patients with DAT. American Journal of Psychiatry, 1988, 145, 857-860.
51. Resnick SM, Gur RE, Alavi A, Gur RC, Reivich M. Positron emission tomography and subcortical glucose metabolism in schizophrenia. Psychiatry Research, 1988, 24, 1-11.
52. Trope I, Rozin P, Gur RC. Validation of the lateral limits technique with a callosotomy patient. Neuropsychologia, 1988, 26, 673-684.
53. Blonder LX, Gur RE, Gur RC. The effects of right and left hemiparkinsonism on prosody. Brain and Language, 1989, 36 193-207.
54. Trivedi SS, Gur RC. Topographic mapping of cerebral blood flow and behavior. Computers in Biology and Medicine, 1989, 19, 219-229.
55. Blonder LX, Gur RE, Gur RC, Saykin AJ, Hurtig HI. Neuropsychological functioning in hemiparkinsonism. Brain and Cognition, 1989, 9, 177-190.
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Contributions to peer-reviewed clinical research publications, participation cited but not by authorship:

None.

Research Publications, non-peer reviewed: None.

Abstracts: (Excluding abstracts subsequently published as full-length papers; Past 3 years only)

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PATENT:

Gur RC, Gur RE, Trivedi SS. "Behavioral Imaging: Topographic Display of Neuropsychological Data, U.S. Patent No. 4862359.

ATTACHMENT C



OFFICE OF THE SECRETARY OF DEFENSE
OFFICE OF MILITARY COMMISSIONS
1600 DEFENSE PENTAGON
WASHINGTON, DC 20301-1600

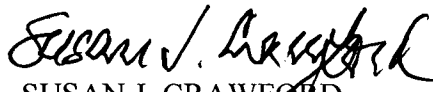
JAN 13 2009

CONVENING AUTHORITY

MEMORANDUM FOR CDR Suzanne Lachelier, JAGC, USNR, Defense Counsel
LT Richard E.N. Federico, JAGC, USNR, Defense Counsel

SUBJECT: Request for Appointment of Consultant; *United States v. Mohammed, et al*

I considered carefully your letter dated 9 January 2009, asking that I appoint Dr. Ruben C. Gur as an expert consultant in the field of neuroimaging in psychiatry for the defense counsel for Mr. Ramzi bin al Shibh. You have failed to demonstrate the necessity for the expert consultant. See *United States v. Bresnahan*, 62 MJ 137 (C.M.A. 2005). Also, I find your request is untimely. For these reasons, I am unable to grant your request.


SUSAN J. CRAWFORD
Convening Authority
for Military Commissions

UNITED STATES OF AMERICA

v.

KHALID SHEIKH MOHAMMED;
WALID MUHAMMAD SALIH MUBARAK
BIN 'ATTASH;
RAMZI BINALSHIBH;
ALI ABDUL AZIZ ALI;
MUSTAFA AHMED AL HAWSAWI

D-116
Prosecution Response

To the Defense Motion seeking the
appointment of Dr. Ruben C. Gurr, M.A., Ph.D.

2 July 2009

1. **Timeliness:** This response is timely filed pursuant to the Military Judge's ruling on P-010 on 11 June 2009.
2. **Relief Sought:** The Defense motion should be denied.
3. **Facts:**
 - a. On 19 December 2006 the accused had a [REDACTED]
[REDACTED]. See
Attachment A (RBS MED-000001117).
 - b. The findings of this [REDACTED] were reported as follows:
 - i. [REDACTED]
[REDACTED]. See Attachment
B (RBS-MED-00000111). (Emphasis added).
 - ii. Impression: [REDACTED]. See Attachment B (RBS-MED-
00000111) (Emphasis added).
 - iii. Result Code: [REDACTED]. See Attachment B (RBS-MED-00000111)
(Emphasis added).

4. **Argument:**

a. The accused is not entitled to Dr. Gurr as a government-funded witness. The December 2006 medical records¹ generated from active-duty military doctors, not affiliated with the Prosecution or this case, indicate that the results [REDACTED]

b. While the accused is entitled to investigative or other expert assistance when necessary for an adequate defense, the mere possibility of assistance is not sufficient to prevail on the request. *See United States v Freeman*, 65 M.J. 451, 458 (C.A.A.F. 2007) quoting *United States v. Bresnahan*, 62 M.J. at 143. Instead, the accused has the burden of establishing that a reasonable probability exists that (1) an expert would be of assistance to the defense and (2) that denial of expert assistance would result in a fundamentally unfair trial. *Id. citing United States v Gunkle*, 55 M.J. at 31-32; *United States v. Robinson*, 39 M.J. 88, 89 (C.M.A. 1994). To establish the first prong, the accused "must show (1) why the expert assistance is needed; (2) what the expert assistance would accomplish for the accused; and (3) why the defense counsel were unable to gather and present the evidence that the expert assistance would be able to develop." *Id. quoting Bresnahan*, 62 M.J. at 143.

c. The Defense cannot establish prong 1 or prong 2 under *Freeman*, as there is simply no indication or evidence that the [REDACTED] results (which were done by a neutral doctor and not in anticipation of any litigation purpose) were incorrect when the doctors [REDACTED]. As such, the

¹ The defense notes in its motion that it has not been provided in discovery the JTF [REDACTED] that would ordinarily go along with [REDACTED]. The Defense has all of the medical records that the Prosecution is aware of. As it has done in the past, the Prosecution will re-inquire of JTF-GTMO for the existence of any other records the Defense claims should exist.

Defense cannot establish that an expert is needed, what the assistance would accomplish for the accused, or why they were unable to develop that evidence themselves.

Furthermore, the Defense has not and cannot show why any the JTF doctors they have been given access to, or Dr. Amador, cannot help them to understand these records. As such, the Defense fails to establish *any* of the three components of the first prong in *Freeman*. Because the Defense cannot show why employment of an expert on this issue is even necessary, it goes without saying that the Defense also cannot show how denial of the expert assistance would result in a fundamentally unfair trial (the second prong in the *Freeman* test). It simply cannot be the case that the Defense is entitled to government-funded expert assistance of their choosing to question and challenge every finding or diagnosis made by active-duty military doctors over the last three years, when those doctors were not treating the accused in anticipation of litigation and were in no way aligned with the Prosecution.


d. While the accused may be entitled to a qualified psychiatrist when his mental capacity is fairly at issue, the entitlement “is one of access to a competent professional and is not the right to select a particular professional.” *See United States v. Fontenot*, 26 M.J. 559, 562 (A.C.M.R. 1988); (*Rev’d on other grounds*, 29 M.J. 253 (C.M.A. 1989)); *citing Ake v. Oklahoma*, 470 U.S. 68, 84 L. Ed. 2d 53, 105 S. Ct. 1087 (1985). The Defense has had access to the medical doctors who have treated the accused since September 2006, to include the doctors who ordered [REDACTED], who could help them understand this evidence if necessary. As such, the Defense is not entitled to Dr. Gur, at what would amount to significant government expense.

e. Notwithstanding the Prosecution's position that the Defense has failed to establish the necessity of a government-funded expert, should the Military Judge determine that the Defense is entitled to such assistance, the Prosecution respectfully requests to be provided the opportunity to seek an adequate substitute from within the United States government.

5. Attachments.

- a. [REDACTED] Ramzi bin al Shibh(RBS MED-00000117)
- b. [REDACTED] Ramzi bin al Shibh (RBS-MED-00000111)

6. Respectfully Submitted by:

By: 
Clayton Trivett, Jr.
Prosecutor

ATTACHMENT A

ATTACHMENT B

